

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582338

FILING DATE

6-26-6

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	0		0			
2		1		1		
3		1		1		
4		2		1		
5		①		1		
6		①		1		
7		①		1		
8	1		1			
9		1		0		
10	1		1			
11		1		1		
12		2		1		
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50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	11	←	9	←		←
TOTAL CLAIMS	14		12			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						